2017-01-26-05-00134849

FEC FORM 1

FORERAL SELECTION CONTROL OF THE PROPERTY OF T STATEMENT OF ORGANIZATION JAN 26

TESTSTART BY THE SENATE PM 1: 272017 JAN 11 AM 9: 11

					Offic	e Use Only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example over the	e:If typing, type lines.	12FE4M5	
A HIVE	rkom	PURST		1 1 1 1		
			<u> </u>	1 1 1 1 1 1 1		
ADDRESS (number a	nd street)	190 BOX 155	l	<u> </u>	<u> </u>	<u></u>
(Check if a is changed	address 3)	L L L L L L L L L L L L L L L L L L L	 	<u> </u>	<u> </u>	
J		SIONK, FALLS,			S) 57	1011-
		CITY ▲			STATE ▲	ZIP CODE▲
COMMITTEE'S E-MA	AL ADDRES	SS				
(Check if a is changed		Sharonbox	SEN6	ayahoo	COM	
·		Optional Second E-Mail Add	dress	•	·	
			اسلسلسا	1 1 1 1 1 1 1 1	ــــــــــــــــــــــــــــــــــــــ	
COMMITTEE'S WEB		PRESS (URL)				
⟨Check if a is changed			1 1 1	111111111	 	
					<u> </u>	<u> </u>
2. DATE \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ž / [5	2016				
3. FEC IDENTIFIC	CATION NU	IMBER ▶ C Q	0430	371		
4. IS THIS STATEM	MENT	NEW (N) OR	Χ.	AMENDED (A)		
I certify that I have e	examined th	is Statement and to the best	of my know	wledge and belief it	s true, correct and o	complete.
Type or Print Name	of Treasurer	Sharon	Bc	ysen		1111
Signature of Treasure	er V	Pharoub	bys	ew_	Date O	02/2017
NOTE: Submission of	false, errone	ous, or incomplete information in ANY CHANGE IN INFORMATI				enalties of 52 U.S.C. §30109
Office Use Only			Fed Tol	further Information coderal Election Commission Free 800-424-9530 at 202-694-1100	n T	FEC FORM 1 (Revised 08/2012)

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TYPE OF C	OMMITTEE					
Candidate	Committee:					
(a)	This committee is a principa	l campaign con	nmittee. (Comple	ete the candidate info	rmation below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate						<u> </u>
Candidate Party Affiliation	_	Office Sought:	House	Senate	President	State District
(c)	This committee supports/opp	ooses only one	candidate, and	is NOT an authorized	committee.	
Name of Candidate						
Party Con	nmittee:					
(d)	This committee is a		ational, State subordinate) co	mmittee of the		(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):					
(e)	This committee is a separate	e segregated fu	ind. (Identify con	nected organization or	n line 6.) Its co	nnected organization is a
	Corporation		Corpora	tion w/o Capital Stock		Labor Organization
	Membership Organi	zalion	Trade A	ssociation		Cooperative
	. In addition, th	nis committee is	a Lobbylst/Regi	strant PAC.		
(f) K	This committee supports/op committee. (i.e., nonconnecte		n one Federal o	andidate, and is NOT	a separate s	egregated fund or party
	In addition, this comn	nittee is a Lobby	ist/Registrant P/	AC.		
	1n addition, this comm	nittee is a Leade	rship PAC. (Ider	itify sponsor on line 6.)		
Joint Fund	raising Representative:				,,	
(g)	This committee collects contri committees/organizations, at	ibutions, pays fu least one of whi	indraising expen ch is an authoriz	ses and disburses net ed committee of a fed	proceeds for heral candidate.	vo or more political
(h)	This committee collects contri	butions, pays fu	ndraising expen	ses and disburses net	proceeds for ty	vo or more political
	committees/organizations, no	ne of which is af	n authorized con	imittee of a federal car	ndidate.	
Com	mittees Participating in Joi	nt Fundraiser				
1.				FEC ID numb	per C	
2.				FEC ID numb	per C	
3.				FEC ID numb	per C	
4.				FEC ID numb	er C	•

1		
FEC Form 1 (Revised		Page 3
Write or Type Committee Nam	e	
SOUTH DAK	STA FIRST	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Represen	itative, or Leadership PAC Sponsor
chas is solutions		
THE LADER	<i>x</i> 0	
Mailing Address	180 BUX 1151316	
,	SIOUX FATCHS ST	0 1571011-1
	CITY ST	ATE ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Repr	resentative X Leadership PAC Sponsor
nerationship. Contract	io Organization — Annated Committee — Joint Fundraising Repr	resentative X Leadership FAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number - optional) and position of	f the person in possession of committee
Full Name		
Mailing Address		<u> </u>
		<u>,</u>
		<u>. </u>
Title or Position	CITY STA	TE ZIP CODE
	Telephone number	
		
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the com- assistant treasurer).	mittee; and the name and address of
Full Name		
of Treasurer SHA	29 D BOYSEN	
Mailing Address	190 BOX 155:	
	SIOUS FAILS	DI 57401-
	CITY STAT	
Title or Position	I	
I FUI SULEIX	Telephone number	605-310-19960

	Full Name of Designated	CA2MIN.	EGG E				
	Agent Mailing Address		× 155:				
		L			<u> </u>		
		<u> 5104</u>	CITY	STATE	571011-111 ZIP CODE		
2 0 1 7	Title or Position	MAT TREAS			05-310-9960		
9. 1	safety deposit b	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.					
2 6 7							
0 <u>5</u> 000	Mailing Address	16461 1-1-1-1 1810/	N. MANN, ALE				
00-MIXIX		المراقع الم	CITY	STATE	ZIP CODE		
485	Name of Bank,	Depository, etc.			`		
2			<u>.! ! </u>				
	Mailing Address				<u> </u>		
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CITY

STATE

ZIP CODE

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Stoerp Palle, L

PB 1P 000 3661542 FCMF

.S. POSTAGE

\$ 0.940

U. S. SENATE
TRACKING NUMBER
10-010710

BV TEEN SENVATE
POST OFFICE SENVATE
VICE SENVATE (18) gahington, D. 20013-7578 P.O. Box 77578 affice of Public Record

Federal Election Commission

The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
PREPARER () A	1/36/17 DATE PREPARED

(3/2015)